

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590523

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		1		
2		1		
3		1		
4		1		
5		1		
6		1		
7		1		
8		1		
9		1		
10		1		
11		1		
12		1		
13		1		
14		1		
15		1		
16		1		
17		1		
18		1		
19		1		
20		1		
21		1		
22		1		
23		1		
24		1		
25		1		
26		1		
27		1		
28		1		
29		1		
30		1		
31		1		
32		1		
33		1		
34		1		
35		1		
36		1		
37		1		
38		1		
39		1		
40		1		
41		1		
42		1		
43		1		
44		1		
45		1		
46		1		
47		1		
48		1		
49		1		
50		1		
TOTAL IND.		2		
TOTAL DEP.		12		
TOTAL CLAIMS		14		

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
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94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				